

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Aaron Abadi		COURT CASE NUMBER 23cv4033
DEFENDANT American Airlines Group Inc, et al		TYPE OF PROCESS Summons & Complaint
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Lufthansa Systems Americas, Inc	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1999 BRYAN ST., STE. 900 DALLAS, TX 75201	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Aaron Abadi 82 Nassau Street Apt. 140 New York, NY 10038		Number of process to be served with this Form 285 Number of parties to be served in this case Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service)		

Signature of Attorney other Originator requesting service on behalf of: <i>T. Arora</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 9/5/2023
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## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 32/57	District of Origin No. 054	District to Serve No. 077	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date 9/6/2023
I hereby certify and return that I <input checked="" type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above) <i>George Murchison Press Associate</i>				Date 10/20/23	Time 430 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy <i>[Signature]</i>	

Costs shown on attached USMS Cost Sheet &gt;&gt;

REMARKS

2 hr Lemiles

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SDNY PRO SECT 101  
U.S. MARSHAL SERVICE